

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Camden District of NJ

Case number (if known): 17-35979

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

U.S. BANKRUPTCY COURT  
FILED  
CAMDEN, NJ

2017 DEC 29 P 1:06

JEANNE A. NAUGHTON

BY: JAN Check if this is an  
amended filing  
DEPUTY CLERK

Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

First name: Narcissa  
Middle name: LaStraga  
Last name: Miller  
Suffix (Sr., Jr., II, III): DB

#### About Debtor 2 (Spouse Only in a Joint Case):

First name: n/a  
Middle name:   
Last name:   
Suffix (Sr., Jr., II, III):

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

First name: same as above  
Middle name:   
Last name:   
First name:   
Middle name:   
Last name:

Case #: 17-35979-7+  
Debtor.: NARCISSA LASTRAGA MILLER  
Chapter: 7+

Filed : December 29, 2017 13:43:00  
Deputy : KATHLEEN RYAN  
Receipt: 424483  
Amount : \$0.00

RELIEF ORDERED  
Clerk, U.S. Bankruptcy Court  
District Of New Jersey

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1592  
OR  
9 xx - xx -

xxx - xx - n/a  
OR  
9 xx - xx -

Debtor 1

Mirassou LaStrege Miller

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN - - - - -

EIN - - - - -

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

n/a

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN - - - - -

EIN - - - - -

5. Where you live

6 Sorense Lane

Number Street

Sicklerville

City

NJ 08081

State

ZIP Code

Camden

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

n/a

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

I live in Camden County

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Debtor 1

Dawnisa LaStrega Miller

First Name Middle Name

Last Name

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

*Dawnell LaStrange Miller*

First Name Middle Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

*Darlene LaStrega Miller*

First Name Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only In a Joint Case):**

*11/22*

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Nancy LaStron Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- No  
 Yes

18. How many creditors do you estimate that you owe?

- 1-49  
 50-99  
 100-199  
 200-999
- 1,000-5,000  
 5,001-10,000  
 10,001-25,000
- 25,001-50,000  
 50,001-100,000  
 More than 100,000

19. How much do you estimate your assets to be worth?

- \$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million
- \$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million
- \$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

20. How much do you estimate your liabilities to be?

- \$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million
- \$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million
- \$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Nancy La Miller

Signature of Debtor 1

Executed on 12/28/2017  
MM / DD / YYYY

X n/a

Signature of Debtor 2

Executed on                     
MM / DD / YYYY

Debtor 1

Darlene LaStrega Miller

First Name

Middle Name

Last Name

Case number (if known)

n/a ✓ pro - se

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone \_\_\_\_\_ Email address \_\_\_\_\_

Bar number

State

Debtor 1

Dakota LaStrega Miller

First Name

Middle Name

Last Name

Case number (if known)

For you if you are filing this  
bankruptcy without an  
attorney

If you are represented by  
an attorney, you do not  
need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No  
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

Yes. Name of Person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X Dakota L. Miller X

Signature of Debtor 1

Signature of Debtor 2

1/8

Date

12/28/2017

MM / DD / YYYY

Date

MM / DD / YYYY

Contact phone

609 503 0859

Contact phone

\_\_\_\_\_

Cell phone

↓

Cell phone

↓

Email address

Dakota.Miller@yahoo.com

Email address

\_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	<u>Darcissa LaStrean</u>	<u>Miller</u>	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	<u>n/a</u>		
United States Bankruptcy Court for the:	Chambers	District of	<u>NJ</u>
Case number (if known)	<u>17-35979</u>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets  
Value of what you own

1. Schedule A/B: Property (Official Form 106AB)  
1a. Copy line 55, Total real estate, from *Schedule A/B*..... \$ 0
- 1b. Copy line 62, Total personal property, from *Schedule A/B*..... \$ 5,000
- 1c. Copy line 63, Total of all property on *Schedule A/B* .....

\$ 5,000

#### Part 2: Summarize Your Liabilities

Your liabilities  
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  
2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*..... House + auto \$ 279,432.40
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*..... property taxes \$ 20,000  
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*..... credit card & Sprint + 1,701  
Your total liabilities \$ 301,133.40

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)  
Copy your combined monthly income from line 12 of *Schedule I*..... \$ 0
5. Schedule J: Your Expenses (Official Form 106J)  
Copy your monthly expenses from line 22c of *Schedule J*..... \$ 1,128

Debtor 1

Dawnisa LaStrange Miller

First Name

Middle Name

Last Name

Case number (if known)

not Known yet

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 0

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

20,000 property taxes

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ \_\_\_\_\_

9d. Student loans. (Copy line 6f.)

\$ 5,000

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ \_\_\_\_\_

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 5,000 pension

9g. Total. Add lines 9a through 9f.

\$ 30,000

Fill in this information to identify your case and this filing:

Debtor 1	<u>Dawnson LaStrega Miller</u>		
First Name	Middle Name	Last Name	
Debtor 2	<u>n/a</u>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the <u>Camden</u> District of <u>NJ</u>			
Case number	<u>not known yet</u>		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. Street address, if available, or other description

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D, Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

If you own or have more than one, list here:

1.2. Street address, if available, or other description

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D, Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Debtor 1

First Name Middle Name Last Name

Case number (if known)

1.3. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ \_\_\_\_\_

## Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, ~~trucks~~, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: Ford

Model: F-150

Year: 1997

Approximate mileage: 190,000

Other information:

Bought with pension loan, cash & carry

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you own or have more than one, describe here:

3.2. Make: Toyota

Camry

Model: 2016

Year: 2016

Approximate mileage: 18,000

Other information:

Leased → voluntarily surrendered

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$22,000 - \$3,904

Debtor 1

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

3.3. Make: n/a  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: n/a  
 Other information: \_\_\_\_\_

3.4. Make: n/a  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: n/a  
 Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

n/a

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

n/a

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
- Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

n/a

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

n/a

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 5,000

Debtor 1

Mara 987 La Strega Miller

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

*refrigerator, freezer, washing machine, dryer  
beds, dressers art supplies for crafts,*

\$ 4,000

*approximately*

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

*Laptop, cell phone, (2) game systems, (1) T.V.*

\$ 2,000

*approximately*

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

*n/a ↗*

\$ 0

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

*n/a ↗*

\$ 0

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

*n/a ↗*

\$ 0

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

*I don't seek high end fashion*

\$ 100

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

*a few gold pieces*

\$ 300

*approximately*

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

*(2) cats*

\$ 200 monthly

*approximately*

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

*homemade soap, herbal supplements, homemade toothpaste*

\$ 1,000

*approximate*

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 7,000

Debtor 1

Marcia Lynn Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes .....

Cash: 30 \$ 30.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes .....

Institution name:

17.1. Checking account:

South Jersey Federal Credit Union \$ 26.00

17.2. Checking account:

n/a \$

17.3. Savings account:

South Jersey Federal Credit Union \$ 25.00 minimum

17.4. Savings account:

n/a \$ 0

17.5. Certificates of deposit:

\$ 0

17.6. Other financial account:

\$ 0

17.7. Other financial account:

\$ 0

17.8. Other financial account:

\$ 0

17.9. Other financial account:

\$ 0

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes .....

Institution or issuer name:

as of 9/30/17

New Jersey State Employees Deferred Compensation Plan through Prudential Retirement \$ 3,935.56

\$

\$

\$

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

\$ 0

0% %

\$

0% %

\$

Debtor 1

Denissa LaStrega Miller

First Name Middle Name

Last Name

Case number (if known)

not Known yet

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

n/a

\$ 0  
\$ 0  
\$ 0

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan:

n/a →

\$ 0

Pension plan:

Prudential Retirement

\$ 0

IRA:

n/a →

\$ 0

Retirement account:

New Jersey State Employees Deferred Comp Plan

\$ 3,935.56

Keogh:

n/a →

\$ 0

Additional account:

n/a →

\$ 0

Additional account:

n/a →

\$ 0

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes .....

Institution name or individual:

Electric:

Atlantic City

\$ 200.00

Gas:

South Jersey Gas

\$ 225.00

Heating oil:

n/a →

\$ approximately

Security deposit on rental unit:

n/a →

\$ 0

Prepaid rent:

n/a →

\$ 0

Telephone:

n/a →

\$ 0

Water:

n/a →

\$ 0

Rented furniture:

n/a →

\$ 0

Other:

n/a →

\$ 0

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes .....

Issuer name and description:

n/a

\$ 0  
\$ 0  
\$ 0

Debtor 1

Dorissa LaStrega Miller

First Name Middle Name

Last Name

Case number (if known)

not known yet

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

n/a

\$ 0  
\$ 0  
\$ 0

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- No  
 Yes. Give specific information about them....

n/a

\$ 0

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- No  
 Yes. Give specific information about them....

n/a

\$ 0

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No  
 Yes. Give specific information about them....

n/a

\$ 0

Money or property owed to you?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

n/a

Federal: \$ 0  
State: \$ 0  
Local: \$ 0

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No  
 Yes. Give specific information.....

n/a

Alimony: \$ 0  
Maintenance: \$ 0  
Support: \$ 0  
Divorce settlement: \$ 0  
Property settlement: \$ 0

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No pending worker's comp., pending unemployment  
 Yes. Give specific information.....

\$ 0

Debtor 1

*Deborah L. Gregg Miller*

First Name Middle Name

Last Name

Case number (if known)

*not known yet*

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

*home owner's insurance was included in mortgage*

Yes.

Name the insurance company  
of each policy and list its value.....

*NJ Manufacturers*

Beneficiary:

Surrender or refund value:

\$ *0*

\$ *0*

\$ *0*

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

*n/a*

\$ *0*

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

*n/a*

\$ *0*

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

*n/a*

\$ *0*

35. Any financial assets you did not already list

No

Yes. Give specific information.....

*n/a*

\$ *0*

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached  
for Part 4. Write that number here .....

→

*\$ 4,016.56*

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the  
portion you own?  
Do not deduct secured claims  
or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

*n/a*

\$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

*↓*

\$

Debtor 1

Nancy LaShay Miller

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

	\$ _____
--	----------

41. Inventory

No

Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures

No

Yes. Describe..... Name of entity:

% of ownership:

	_____ %	\$ _____
	_____ %	\$ _____
	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations

n/a

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list

n/a

No

Yes. Give specific information .....

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ..... →

	\$ <u>0</u>
--	-------------

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?  
Do not deduct secured claims  
or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes .....

	\$ _____
--	----------

Debtor 1

*Narcissa LaStrega Miller*

First Name Middle Name Last Name

Case number (if known)

48. Crops—either growing or harvested

*n/a*

- No  
 Yes. Give specific information.....

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

*n/a*

- No  
 Yes .....

\$

50. Farm and fishing supplies, chemicals, and feed

*n/a*

- No  
 Yes .....

\$

51. Any farm- and commercial fishing-related property you did not already list

*n/a*

- No  
 Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....



\$ *0*

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

*n/a*

- No  
 Yes. Give specific information.....

\$

\$

\$

54. Add the dollar value of all of your entries from Part 7. Write that number here .....



\$ *0*

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....



\$ *270,805*

56. Part 2: Total vehicles, line 5

*(1)*

\$ *5,000*

57. Part 3: Total personal and household items, line 15

\$ *7,600*

58. Part 4: Total financial assets, line 36

\$ *4,016.56*

59. Part 5: Total business-related property, line 45

\$ *0*

60. Part 6: Total farm- and fishing-related property, line 52

\$ *0*

61. Part 7: Total other property not listed, line 54

+ \$ *0*

62. Total personal property. Add lines 56 through 61. ....

*18,816.56*

copy personal property total → + \$

*18,816.56*

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$ *0*

Fill in this information to identify your case:		
Debtor 1	First Name <u>Miranda LaGrega Miller</u> Middle Name <u>n/a</u> Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name <u>n/a</u> Last Name
United States Bankruptcy Court for the <u>Camden</u> District of <u>NJ</u>		
Case number (if known)	<u>not Known yet</u>	

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

**Debtors**

Maressa LaStregh Miller

First Name      Middle Name

Middle Name

Last Name

**Case number (if known)**

<sup>(n)</sup> not known yet

**Part 2:** Additional Page

12

Fill in this information to identify your case:

Debtor 1	<u>Douglas LaStrong Miller</u>	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>n/a</u>	First Name	Middle Name	Last Name
United States Bankruptcy Court for the		<u>Condado</u>	District of <u>10</u>	
Case number (if known)	<u>not Known yet</u>			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1.  Any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Number Street	City State ZIP Code	Column A Amount of claim <small>Do not deduct the value of collateral</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
2.1	<u>Rushmore Loan Management</u>	<u>15480 Laguna Canyon Rd</u>	<u>IRVINE Ca. 92618</u>	<u>\$210,805</u>	<u>\$ 0</u>	<u>\$ 0</u>
	Describe the property that secures the claim:				<u>Mortgage</u>	
	As of the date you file, the claim is: Check all that apply.					
	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Nature of lien. Check all that apply.					
	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)					
	Who owes the debt? Check one.					
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
	Check if this claim relates to a community debt					
	Date debt was incurred <u>Apr. 2015</u>					
	Last 4 digits of account number <u>0 059</u>					
2.2	<u>TOYOTA Motor Credit Corp</u>	<u>5005 N. River Blvd. #2</u>	<u>Cedar Rapids IA 52411</u>	<u>3,904</u>	<u>0</u>	<u>\$ 0</u>
	Describe the property that secures the claim:				<u>Auto / 3-year lease term</u>	
	As of the date you file, the claim is: Check all that apply.					
	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Nature of lien. Check all that apply.					
	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)					
	Who owes the debt? Check one.					
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
	Check if this claim relates to a community debt					
	Date debt was incurred <u>Mar. 2017</u>					
	Last 4 digits of account number <u>6 589</u>					
	Add the dollar value of your entries in Column A on this page. Write that number here: <u>274,709</u>					

Debtor 1

Dorissa LaStrega Miller

First Name Middle Name

Last Name

Case number (if known)

not Known yet

**Additional Page**

**Part 1:** After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion, if any

Fed Loan Servicing

Describe the property that secures the claim:

\$ 3036 \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name  
P.O. Box 60810

Number Street

Harrisburg ↓ PA 17106

City State ZIP Code

Education Loan

As of the date you file, the claim is: Check all that apply.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred 11/16

Last 4 digits of account number ----- # 2271886683 F D O T X X X X

*not listed on credit report*

Creditor's Name

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

\_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

Nature of lien. Check all that apply.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number -----

Creditor's Name

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

\_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

Nature of lien. Check all that apply.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number -----

Add the dollar value of your entries in Column A on this page. Write that number here: \$

277,745

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Debtor 1

Dawnise LaShayla Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name
--------------------------	------

Number	Street
--------	--------

City	State	ZIP Code
------	-------	----------

<input type="checkbox"/>	Name
--------------------------	------

Number	Street
--------	--------

City	State	ZIP Code
------	-------	----------

<input type="checkbox"/>	Name
--------------------------	------

Number	Street
--------	--------

City	State	ZIP Code
------	-------	----------

<input type="checkbox"/>	Name
--------------------------	------

Number	Street
--------	--------

City	State	ZIP Code
------	-------	----------

<input type="checkbox"/>	Name
--------------------------	------

Number	Street
--------	--------

City	State	ZIP Code
------	-------	----------

<input type="checkbox"/>	Name
--------------------------	------

Number	Street
--------	--------

City	State	ZIP Code
------	-------	----------

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 <i>Narcissa LaStrong Miller</i>	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing) <i>n/a</i>	First Name	Middle Name	Last Name
United States Bankruptcy Court for the <i>Camden</i> District of <i>NJ</i>			
Case number (If known) <i>not known yet</i>			

Check if this is an  
amended filing

Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

*not to my knowledge*

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

2.2

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Debtor 1

Narcissa LaStrange Miller

First Name Middle Name

Last Name

Case number (if known)

not Known yet**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
Priority Creditor's Name	Last 4 digits of account number	\$	\$
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
Priority Creditor's Name	Last 4 digits of account number	\$	\$
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Marcissa La Strega Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

4.1

Capital One Bank USA

Nonpriority Creditor's Name

P.O. Box 30281

Number Street

Salt Lake City UT 84130

City

State

ZIP Code

not included on credit report

Total claim

\$ 981.00

Last 4 digits of account number

8/2015

# 517805750252\*\*\*\*

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card

4.2

Enhanced Recovery Company/Sprint

Nonpriority Creditor's Name

P.O. Box 57547

Number Street

Jacksonville, FL 32241

City

State

ZIP Code

not listed on credit report

\$ 720.00

Last 4 digits of account number

8/2016

# 15928\*\*\*\*

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Cellular Services

4.3

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Debtor 1

*Maryssa LaStregh Miller*

First Name

Middle Name

Last Name

Case number (if known)

*not known yet*

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim \_\_\_\_\_

Nonpriority Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Nonpriority Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Nonpriority Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Debtor 1

Maryse LaShay Miller

First Name

Middle Name

Last Name

Case number (if known)

not Known yet**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

Nakessa LaStrega Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claims  
from Part 1

- 6a. Domestic support obligations  
6b. Taxes and certain other debts you owe the government  
6c. Claims for death or personal injury while you were intoxicated  
6d. Other. Add all other priority unsecured claims.  
Write that amount here.

6a. \$ 0

6b. \$ 20,000 → mortgage lender  
paid property → amount  
6c. \$ 0 was included on '100sum'  
item 3

6d. + \$ 0

6e. \$ 20,000

Total claims  
from Part 2

- 6f. Student loans  
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
6h. Debts to pension or profit-sharing plans, and other similar debts  
6i. Other. Add all other nonpriority unsecured claims.  
Write that amount here.

6f. \$ 3,036

6g. \$ 0

6h. \$ 5,000

6i. + \$ 1701

6j. \$ 9,737

Fill in this information to identify your case:

Debtor	First Name	Middle Name	Last Name
	<i>Dawnna LaStrong Miller</i>		
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
	<i>n/a</i>		
United States Bankruptcy Court for the: <i>Corden</i> District of <i>N</i>			
Case number (if known) <i>not known yet</i>			

Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

*n/a*

State what the contract or lease is for

Person or company with whom you have the contract or lease

2.1

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Debtor 1

First Name Middle Name Last Name

Case number (if known) *n/a*

**Additional Page if You Have More Contracts or Leases**

**Person or company with whom you have the contract or lease**

**What the contract or lease is for**

2.

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Neville LaShonda Miller</u>		Last Name	
First Name	Middle Name	n/a		
Debtor 2	(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Binder</u> District of <u>NJ</u>				
Case number (if known)	<u>not Known yet</u>			

Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt <i>no signature</i>
3.1 Name <u>Vincent H. Miller, Jr.</u> Number Street <u>515 W. Chelten Avenue, Apt. 702</u> City <u>Philadelphia</u> PA 19144 ZIP Code	<input type="checkbox"/> Schedule D, line 2.1 for mortgage <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3.2 Name Number Street City	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3.3 Name Number Street City	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____

Debtor 1

*Dawnise LaStrega Miller*

First Name

Middle Name

Last Name

Case number (if known)

*not known yet*

Additional Page to List More Codebtors

*1/2*

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply.

3. -

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3. -

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3. -

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3. -

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3. -

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3. -

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3. -

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3. -

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
NANCY LaStrega Miller		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
n/a		
United States Bankruptcy Court for the District of NJ		
Camden		
Case number (if known) not known yet		

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

Official Form 106I

12/15

## Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed  
 Not employed

auton medical  
182VE

Debtor 2 or non-filing spouse

- Employed  
 Not employed

Occupation

Judiciary Clerk

n/a

Employer's name

Superior Court of NJ

CRIMINAL DIVISION

70 Hunter Street

Liberty, NJ

08096

Number Street

Number Street

City

State ZIP Code

City

State ZIP Code

Employer's address

Number Street

City

State ZIP Code

Number Street

City

State ZIP Code

How long employed there?

9 yrs

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or  
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0

\$ \_\_\_\_\_

3. Estimate and list monthly overtime pay.

3. + \$ 0

+ \$ \_\_\_\_\_

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0

\$ \_\_\_\_\_

Debtor 1

Narcissa La Stroye Miller

First Name Middle Name

Last Name

Case number (if known)

not Known yet

Copy line 4 here.....

→ 4.

For Debtor 1

\$ 0

For Debtor 2 or  
non-filing spouse

\$ 1/2

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
- 5b. Mandatory contributions for retirement plans
- 5c. Voluntary contributions for retirement plans
- 5d. Required repayments of retirement fund loans
- 5e. Insurance
- 5f. Domestic support obligations
- 5g. Union dues
- 5h. Other deductions. Specify: \_\_\_\_\_

5a. \$ 0  
5b. \$ 0  
5c. \$ 0  
5d. \$ 0  
5e. \$ 0  
5f. \$ 0  
5g. \$ 0  
5h. + \$ 0

\$ 0  
\$ 0  
\$ 0  
\$ 0  
\$ 0  
\$ 0  
\$ 0  
+ \$ 0

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 0

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0

\$ 0

\$ \_\_\_\_\_

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business,  
profession, or farm

Attach a statement for each property and business showing gross  
receipts, ordinary and necessary business expenses, and the total  
monthly net income.

8a. \$ 0

\$ 0

- 8b. Interest and dividends

8b. \$ 0

\$ 0

- 8c. Family support payments that you, a non-filing spouse, or a dependent  
regularly receive

Include alimony, spousal support, child support, maintenance, divorce  
settlement, and property settlement.

8c. \$ 0

\$ 0

- 8d. Unemployment compensation

8d. \$ 0

\$ 0

- 8e. Social Security

8e. \$ 0

\$ 0

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance  
that you receive, such as food stamps (benefits under the Supplemental  
Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f. \$ 0

\$ 0

- 8g. Pension or retirement income

8g. \$ 0

\$ 0

- 8h. Other monthly income. Specify: \_\_\_\_\_

8h. + \$ 0

+ \$ 0

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ 0

\$ 0

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 0 + \$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other  
friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. + \$ 0

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

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\$ 0

**Fill in this information to identify your case:**

Debtor 1	<i>Nancy LaStrange Miller</i>	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<i>n/a</i>	Last Name
First Name	Middle Name	
United States Bankruptcy Court for the <i>Camden</i> District of <i>NJ</i>		
Case number (If known)	<i>not known yet</i>	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

*son*

Dependent's age

*27*

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

*daughter*

*25*

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ *0*

If not included in line 4:

4a. Real estate taxes

4a. \$ *0*

4b. Property, homeowner's, or renter's insurance

4b. \$ *0*

4c. Home maintenance, repair, and upkeep expenses *minimal replacements/expenses*

4c. \$ *1,000*

4d. Homeowner's association or condominium dues

4d. \$ *145.00 monthly*

Debtor 1

Marietta LaStrege Miller

First Name Middle Name Last Name

Case number (if known)

not Known yet

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 350.00 mo.

6b. Water, sewer, garbage collection (2)

6b. \$ 108.00 qtrly

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 63.00 mo.

6d. Other. Specify:

6d. \$ \_\_\_\_\_

7. Food and housekeeping supplies

7. \$ 450.00 mo

8. Childcare and children's education costs

8. \$ 0

9. Clothing, laundry, and dry cleaning

9. \$ 20.00 bi-mo.

10. Personal care products and services

10. \$ 0

11. Medical and dental expenses

11. \$ 0

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ 240.00 mo.

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 8.00 mo.

14. Charitable contributions and religious donations

14. \$ 20.00 one-time

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ 0

15b. Health insurance

15b. \$ 0

15c. Vehicle insurance

15c. \$ 80.00 mo.

15d. Other insurance. Specify:

15d. \$ 0

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16. \$ 0

Specify:

17. Installment or lease payments:

17a. \$ 0

17b. Car payments for Vehicle 1

17b. \$ 0

17c. Car payments for Vehicle 2

17c. \$ 0

17c. Other. Specify: I co-signed for child's vehicle, she makes pmts.

17d. \$ 0

17d. Other. Specify:

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).

18. \$ 0

19. Other payments you make to support others who do not live with you.

19. \$ 0

Specify:

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

→ 0/2

20a. Mortgages on other property

20a. \$ 0

20b. Real estate taxes

20b. \$ 0

20c. Property, homeowner's, or renter's insurance

20c. \$ 0

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0

20e. Homeowner's association or condominium dues

20e. \$ 0

Debtor 1

Dawnissa LaShay Miller

First Name

Middle Name

Last Name

Case number (if known)

not Known yet

21. Other. Specify: \_\_\_\_\_

21. +\$ 0

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 0

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$

22c. Add line 22a and 22b. The result is your monthly expenses.

*Please note some things listed were quarterly, one-time repair/replacement, one-time donation*

22c. \$ 2,524

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 0

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 0

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income. *→ on medical leave, no income yet pending unemployment - worker's comp.*

23c. \$ 0

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

*I am pending unemployment benefits. I am currently out on medical leave due to a work-related injury. Worker's comp. is being pursued.*



Debtor 1

Narcissa LaShoya Miller

First Name

Middle Name

Last Name

Case number (if known)

not Known yet

5. Additional mortgage payments for your residence, such as home equity loans
6. Utilities:
- Electricity, heat, natural gas
  - Water, sewer, garbage collection
  - Telephone, cell phone, Internet, satellite, and cable services
  - Other. Specify: \_\_\_\_\_
7. Food and housekeeping supplies
8. Childcare and children's education costs
9. Clothing, laundry, and dry cleaning
10. Personal care products and services
11. Medical and dental expenses
12. Transportation. Include gas, maintenance, bus or train fare.  
Do not include car payments.
13. Entertainment, clubs, recreation, newspapers, magazines, and books
14. Charitable contributions and religious donations
15. Insurance.  
Do not include insurance deducted from your pay or included in lines 4 or 20.
- Life insurance
  - Health insurance
  - Vehicle insurance
  - Other insurance. Specify: \_\_\_\_\_
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_
17. Installment or lease payments:
- Car payments for Vehicle 1
  - Car payments for Vehicle 2
  - Other. Specify: \_\_\_\_\_
  - Other. Specify: \_\_\_\_\_
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).
19. Other payments you make to support others who do not live with you.  
Specify: \_\_\_\_\_
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.
- Mortgages on other property
  - Real estate taxes
  - Property, homeowner's, or renter's insurance
  - Maintenance, repair, and upkeep expenses
  - Homesowner's association or condominium dues

5.	\$ _____
6a.	\$ _____
6b.	\$ _____
6c.	\$ _____
6d.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15a.	\$ _____
15b.	\$ _____
15c.	\$ _____
15d.	\$ _____
16.	\$ _____
17a.	\$ _____
17b.	\$ _____
17c.	\$ _____
17d.	\$ _____
18.	\$ _____
19.	\$ _____
20a.	\$ _____
20b.	\$ _____
20c.	\$ _____
20d.	\$ _____
20e.	\$ _____

Debtor 1

Narcisse LaShawn Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

21. Other. Specify: 1/2

21. +\$ 1/2

22. \$ 0

23. Line not used on this form.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	<i>Parissa LaStrega Miller</i>	<i>L</i>	<i>N</i>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	<i>Cameron</i>	<i>M</i>	
United States Bankruptcy Court for the <u>Cameron</u> District of <u>NY</u>			
Case number (if known)	<i>not known yet</i>		

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

*x Parissa Miller*

Signature of Debtor 1

*x*

Signature of Debtor 2

Date *12/28/2017*  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Narissa LaStrong Miller		
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
	n/a		
United States Bankruptcy Court for the	Carden	District of	WV
Case number (if known)	not Known yet		

Check if this is an amended filing

Official Form 107

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1, Debtor 2,  
lived there

n/a

Dates Debtor 2,  
lived there

6 Serene Lane  
Number Street

From: 2012  
To: present

Same as Debtor 1

Same as Debtor 1

From:

To:

Sicklerville, NJ 08081  
City State ZIP Code

City State ZIP Code

Number Street

From \_\_\_\_\_  
To: \_\_\_\_\_

Same as Debtor 1

Same as Debtor 1

From:

To:

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

Debtor 1	<u>John</u>	<u>J.</u>	<u>Dickson</u>
First Name	Middle Name	Last Name	

**Case number (*if known*)**

not known yet

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

**Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.**

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
- Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips · \$ <u>1,438.85</u> <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>1,452.82</u> <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>1,404.89</u> <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source, and the gross income from each source, separately. Do not include income that you listed in line 4.

Yes. Fill in the details.

Debtor 1	Debtor 2	
<b>Sources of income</b> Describe below	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below
\$ _____	\$ /	\$ _____
\$ _____		\$ _____
\$ _____		\$ _____
\$ _____		\$ _____
\$ _____		\$ _____
\$ _____		\$ _____
\$ _____		\$ _____
<u>Dividend</u> \$ <u>75.00</u>		\$ _____
<u>Union board</u> \$ <u>0</u>		\$ _____
<u>meetings</u> \$ <u>0</u>		\$ _____

Debtor 1

Narcissa LaStrong Miller

First Name Middle Name

Last Name

Case number (if known)

not known yet

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

n/a

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name \_\_\_\_\_

Dates of payment

Total amount paid

Amount you still owe

Was this payment for:

- Mortgage  
 Car  
 Credit card  
 Loan repayment  
 Suppliers or vendors  
 Other \_\_\_\_\_

Number Street \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

Mortgage  
 Car

Number Street \_\_\_\_\_

Credit card  
 Loan repayment

City State ZIP Code \_\_\_\_\_

Suppliers or vendors  
 Other \_\_\_\_\_

Creditor's Name \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street \_\_\_\_\_

Mortgage  
 Car

City State ZIP Code \_\_\_\_\_

Credit card  
 Loan repayment

Suppliers or vendors  
 Other \_\_\_\_\_

Debtor 1

*Narcisse La Street Miller*

First Name

Middle Name

Last Name

Case number (if known)

*not known yet*

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?			
Include payments on debts guaranteed or cosigned by an insider:			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. List all payments that benefited an insider.			
Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			

Debtor 1

Marissa La Strega Miller

First Name Middle Name

Last Name

Case number (if known)

not Known yet

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title \_\_\_\_\_

Nature of the case	Court or agency	Status of the case
	Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case number \_\_\_\_\_

Case title \_\_\_\_\_

Case number \_\_\_\_\_

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Describe the property \_\_\_\_\_

Date \_\_\_\_\_

Value of the property \_\_\_\_\_ \$ \_\_\_\_\_

Explain what happened \_\_\_\_\_

- Property was repossessed.  
 Property was foreclosed.  
 Property was garnished.  
 Property was attached, seized, or levied.

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Describe the property \_\_\_\_\_

Date \_\_\_\_\_

Value of the property \_\_\_\_\_ \$ \_\_\_\_\_

Explain what happened \_\_\_\_\_

- Property was repossessed.  
 Property was foreclosed.  
 Property was garnished.  
 Property was attached, seized, or levied.

Debtor 1

Narcissa LaStroza Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

*Rushmore Loan Mgmt*

Creditor's Name SERVICES

P.O. Box 55004

Number Street

*IRVINE CA 92618*

City

State

ZIP Code

Describe the action the creditor took

foreclosure / sheriff's sale

Date action was taken

Amount

12/12/17 \$ 247,000  
approximately

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

#### Part 5 List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

per person

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

Debtor 1 Dawissa Le Strega Miller  
First Name Middle Name Last Name

Case number (if known) not Known yet

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities  
that total more than \$600:

Describe what you contributed:

Date you  
contributed

Value

Charity's Name

\$

Number Street

\$

City State ZIP Code

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and  
how the loss occurred.

Describe any insurance coverage for the loss.

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your  
loss

Value of property  
lost

\$

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred.

Date payment or  
transfer was  
made

Amount of payment  
made

\$

Person Who Was Paid

\$

Number Street

\$

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Debtor 1

MARGARET LaSTREGA MILLER

First Name

Middle Name

Last Name

Case number (if known)

Not Known Yet

n/a

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, If Not You

Description and value of any property transferred:

Date payment or transfer was made

Amount of payment

\$ \_\_\_\_\_

\$ \_\_\_\_\_

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred:

Date payment or transfer was made

Amount of payment

\$ \_\_\_\_\_

\$ \_\_\_\_\_

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Description and value of property transferred:

Describe any property or payments received or debts paid in exchange

Date transfer was made

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Debtor 1

Darciss LaShawn Miller

First Name Middle Name Last Name

Case number (if known)

not Known yet

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No  
 Yes. Fill in the details.

n/a

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_

\_\_\_\_\_

**Part B: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions:

- No  
 Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Name of Financial Institution

XXXX-

Checking

\$

Savings

Number Street

Money market

City State ZIP Code

Brokerage

Other

Name of Financial Institution

XXXX-

Checking

\$

Savings

Number Street

Money market

City State ZIP Code

Brokerage

Other

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

n/a

Who else had access to it?

Describe the contents

Do you still have it?

- No  
 Yes

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1

Narcissa LaShanya Miller

First Name

Middle Name

Last Name

Case number (if known)

not Known yet

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?

Describe the contents:

Do you still have it?

Name of Storage Facility

Name

No

Number Street

Number Street

Yes

City State ZIP Code

City State ZIP Code

#### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

n/a

Describe the property

Value

Owner's Name

\$

Number Street

Number Street

City State ZIP Code

City State ZIP Code

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

n/a

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1

Narcissa Lee Strega Miller

First Name Middle Name Last Name

Case number (if known)

not known yet

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

n/a

Court or agency

Nature of the case

Status of the case

Case title

Court Name

- Pending
- On appeal
- Concluded

Number Street

City State ZIP Code

### Part 11 Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business

Employer identification number

Do not include Social Security number or ITIN.

Business Name

EIN:

Number Street

Dates business existed

City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

Name of accountant or bookkeeper

Employer identification number

Do not include Social Security number or ITIN.

Business Name

EIN:

Number Street

Dates business existed

City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

Name of accountant or bookkeeper



**Fill in this information to identify your case:**

Debtor 1 First Name	<i>Dorissa LaShay Miller</i>	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <i>Camden</i> District of <i>NJ</i>		
Case number (If known)	<i>not known yet</i>	

**Check one box only as directed in this form and in  
Form 122A-1Supp:**

- 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

**Official Form 122A-1**

**Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income**

**1. What is your marital and filing status? Check one only.**

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
  - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
  - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. (11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6 month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the amounts for all 6 months, and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write '\$0' in the space.)

**Column A**  
Debtor 1

**Column B**  
Debtor 2 or  
non-filing spouse

**2. Your gross wages, salary, tips, bonuses, overtime, and commissions.  
(before all payroll deductions).**

\$ 0

\$ 0/2

**3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.**

\$ 0

\$   

**4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.**

\$ 0

\$   

**5. Net income from operating a business, profession, or farm**

Debtor 1      Debtor 2

Gross receipts (before all deductions)

\$ 0      \$   

Ordinary and necessary operating expenses

- \$ 0 - \$   

Net monthly income from a business, profession, or farm

\$ 0      \$   

Copy here →

\$ 0

\$   

**6. Net income from rental and other real property**

Debtor 1      Debtor 2

Gross receipts (before all deductions)

\$ 0      \$   

Ordinary and necessary operating expenses

- \$ 0 - \$   

Net monthly income from rental or other real property

\$ 0      \$   

Copy here →

\$ 0

\$   

**7. Interest, dividends, and royalties**

\$ 0

\$

Debtor 1

Darcissa LaSherra Miller

First Name Middle Name Last Name

Case number (if known)

not known yet

Column A  
Debtor 1:

Column B  
Debtor 2 or  
non-filing spouse

8. Unemployment compensation

\$ 0

\$ \_\_\_\_\_

Do not enter the amount if you contend that the amount received was a benefit  
under the Social Security Act. Instead, list it here: ↓

For you ..... \$ 0 pending

For your spouse ..... \$ n/a

9. Pension or retirement income. Do not include any amount received that was a  
benefit under the Social Security Act.

\$ 0

\$ \_\_\_\_\_

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received  
as a victim of a war crime, a crime against humanity, or international or domestic  
terrorism. If necessary, list other sources on a separate page and put the total below.

\_\_\_\_\_

\_\_\_\_\_

Total amounts from separate pages, if any.

\$ 0

\$ \_\_\_\_\_

\$ 0

\$ \_\_\_\_\_

+ \$ 0

+ \$ \_\_\_\_\_

\$ 0

\$ 0

Total current  
monthly income

11. Calculate your total current monthly income. Add lines 2 through 10 for each  
column. Then add the total for Column A to the total for Column B.

**Part 2: Determine Whether the Means Test Applies to You**

12. Calculate your current monthly income for the year. Follow these steps:

- 12a. Copy your total current monthly income from line 11. .... Copy line 11 here → \$ 0  
Multiply by 12 (the number of months in a year).  
12b. The result is your annual income for this part of the form. 12b. \$ 0

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

New Jersey

1

1

- Fill in the number of people in your household. 13. \$ 0

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate  
instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
Go to Part 3.  
14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x Darcissa LaSherra Miller

Signature of Debtor 1

x

Signature of Debtor 2

Date 12/28/2017  
MM / DD / YYYY

Date MM / DD / YYYY

\* If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:		
Debtor 1	<u>Marissa LaStrong Miller</u>	
	First Name	Middle Name
Debtor 2	<u>n/a</u>	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <u>Cameron</u>	District of <u>NJ</u>	
Case number (If known)	<u>not Known yet</u>	

Check if this is an amended filing

## Official Form 122A-1Supp

### Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

#### Part 1: Identify the Kind of Debts You Have

- Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).  
 No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.  
 Yes. Go to Part 2.

#### Part 2: Determine Whether Military Service Provisions Apply to You

- Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?  
 No. Go to line 3.  
 Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).  
 No. Go to line 3.  
 Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

- Are you or have you been a Reservist or member of the National Guard?  
 No. Complete Form 122A-1. Do not submit this supplement.  
 Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).  
 No. Complete Form 122A-1. Do not submit this supplement.  
 Yes. Check any one of the following categories that applies:
  - I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
  - I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
  - I am performing a homeland defense activity for at least 90 days.
  - I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:

Debtor 1	<u>Penessa LaShawn Miller</u>		
First Name	Middle Name	Last Name	
Debtor 2	<u>N/A</u>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the	<u>Cumberland</u>		District of <u>NJ</u>
Case number (if known)	<u>not known yet</u>		

Check the appropriate box as directed in  
lines 40 or 42:

According to the calculations required by  
this Statement:

1. There is no presumption of abuse.  
 2. There is a presumption of abuse.

Check if this is an amended filing

## Official Form 122A-2

### Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here → \$ 0

2. Did you fill out Column B in Part 1 of Form 122A-1?

No. Fill in \$0 for the total on line 3.

Yes. Is your spouse filing with you?

No. Go to line 3.

Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On-line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

No. Fill in \$0 for the total on line 3.

Yes. Fill in the information below:

State each purpose for which the income was used.

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you  
are subtracting from  
your spouse's income

\$ 0

\$   

+\$   

\$   

Copy total here 0 → -\$ 0

\$   

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

Debtor 1

Darcie S. LaStrange Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

**Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3, and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense:

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in:

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

**National Standards**: You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$639.00

**7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person

\$ 0

7b. Number of people who are under 65

x 1

7c. Subtotal. Multiply line 7a by line 7b.

\$ 0

Copy here →

\$ 0

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person

\$ 0

7e. Number of people who are 65 or older

x 0

7f. Subtotal. Multiply line 7d by line 7e.

\$ 0

Copy here → + \$ 0

7g. Total. Add lines 7c and 7f.

\$ 0

Copy total here →

\$ 0

Debtor 1

Narcissa LaStrege Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.  
This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 1827

9. Housing and utilities – Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1827

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor

Average monthly payment

Rushmore Loan Mgmt Services \$ 0

Toyota Motor Credit Corp \$ 0

n/a + \$ 0

Total average monthly payment

0

Copy here →

-\$ 0

Repay this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

0

Copy here →

\$ 0

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$ 250.00

Debtor 1

Dorothy LaShay Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

*No longer make payments  
Vehicle was voluntarily surrendered*

Vehicle 1. Describe Vehicle 1:

13a. Ownership or leasing costs using IRS Local Standard. .... \$ 0

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly payment

\$ \_\_\_\_\_

+ \$ \_\_\_\_\_

Total average monthly payment

\$ 0

Copy here →

- \$ 0

Repeat this amount on line 33b.

Copy net Vehicle 1 expense here ... →

\$ 0

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

\$ 0

Vehicle 2. Describe Vehicle 2:

n/a

13d. Ownership or leasing costs using IRS Local Standard. .... \$ 0

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

\$ \_\_\_\_\_

+ \$ \_\_\_\_\_

Total average monthly payment

\$ 0

Copy here →

- \$ 0

Repeat this amount on line 33c.

Copy net Vehicle 2 expense here ... →

\$ 0

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

\$ 0

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$ 0

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$ 0

Debtor 1

Narcissa LaStrega Miller

Case number (if known)

not known yet

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

**16. Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.

\$ 0

Do not include real estate, sales, or use taxes.

**17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

\$ 0

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

**18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

\$ 0

**19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.

\$ 0

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

**20. Education:** The total monthly amount that you pay for education that is either required:

- as a condition for your job; or
- for your physically or mentally challenged dependent child if no public education is available for similar services.

\$ 0

**21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.

\$ 0

Do not include payments for any elementary or secondary school education.

**22. Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.

\$ 0

**23. Optional telecommunications and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

+ \$ 0

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

- \$ 0

**24. Add all of the expenses allowed under the IRS expense allowances.**

Add lines 6 through 23.

= \$ 0

Debtor 1

Marissa LaStrange Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

**Additional Expense Deductions:** These are additional deductions allowed by the Means Test.  
*Note: Do not include any expense allowances listed in lines 6-24.*

**25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 0

Disability insurance \$ 0

Health-savings account + \$ 0

Total \$ 0

Copy total here ➔

\$ 0

Do you actually spend this total amount?

n/a

No. How much do you actually spend? \$ \_\_\_\_\_

Yes

**26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0

**27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0

By law, the court must keep the nature of these expenses confidential.

**28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

\$ 0

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

**29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ 0

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

**30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ 0

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

**31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+ \$ 0

**32. Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 0

Debtor 1

Nancy Lee Stoggo Miller

First Name

Middle Name

Last Name

Case number (if known)

not known yet

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:

33a. Copy line 9b here → \$ 1300.00

Average monthly payment:

Loans on your first two vehicles:

33b. Copy line 13b here → \$ 0

33c. Copy line 13e here → \$   

33d. List other secured debts:

Name of each creditor for other secured debt:

11800

Identify property that secures the debt:

Auto loan

Does payment include taxes or insurance?

No  
 Yes

\$ 0

n/a

No  
 Yes

\$ 0

n/a

No  
 Yes

+ \$ 0

33e. Total average monthly payment. Add lines 33a through 33d.

\$ 0

Copy total here → 0

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor:

Identify property that secures the debt:

Total cure amount:

Monthly cure amount:

\$ \_\_\_\_\_ + .60 = \$ \_\_\_\_\_

\$ \_\_\_\_\_ + .60 = \$ \_\_\_\_\_

\$ \_\_\_\_\_ + .60 = \$ \_\_\_\_\_

Total \$ \_\_\_\_\_ + \$ \_\_\_\_\_

\$ 0

Copy total here → 0

\$ 0

35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ \_\_\_\_\_ + .60 = \$ 0

Debtor 1

Dorissa LaStrange Miller

First Name Middle Name

Last Name

Case number (if known)

not known yet

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office:

No. Go to line 37.

Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ 0

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 \$ 0

Copy total here → \$ 0

\$ 0

37. Add all of the deductions for debt payment.

Add lines 33e through 36. ....

\$ 0

**Total Deductions from Income**

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ 0

Copy line 32, All of the additional expense deductions \$ 0

Copy line 37, All of the deductions for debt payment + \$ 0

Total deductions \$ 0

Copy total here → \$ 0

\$ 0

**Part 3: Determine Whether There Is a Presumption of Abuse**

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income \$ 0

39b. Copy line 38, Total deductions - \$ 0

39c. Monthly disposable income, 11 U.S.C. § 707(b)(2).  
Subtract line 39b from line 39a. \$ 0

× 60

For the next 60 months (5 years)

\$ 0 Copy here → \$ 0

40. Find out whether there is a presumption of abuse. Check the box that applies:

The line 39d is less than \$7,700\*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

The line 39d is more than \$12,850\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

The line 39d is at least \$7,700\*, but not more than \$12,850\*. Go to line 41.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1

Marcissa LaShay Miller

First Name

Middle Name

Last Name

Case number (if known)

not Known yet

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.....

\$ 0

x .25

- 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I).  
Multiply line 41a by 0.25.

\$ 0

Copy here →

\$ 0

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

- Line 39d is less than line 41b. On the top of page 1 of this form, check box 1. *There is no presumption of abuse.*  
Go to Part 5.
- Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2. *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

#### Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

No: Go to Part 5.

Yes: Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense  
or income adjustment

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

#### Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X Marcissa Miller

Signature of Debtor 1

Date 12/26/2017  
MM / DD / YYYY

X

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Capital One Bank USA  
P.O. Box 30281  
Salt Lake City, Utah 84130  
(Credit Card)

Enhanced Recovery for Sprint  
P.O. Box 57547  
Jacksonville, Florida 32241  
(Cellular Services)

Federal Loan Servicing  
P.O. Box 60610  
Harrisburg, Pennsylvania, 17106  
(Student Loan)  
\*deferred payment\*

Rushmore Loan Management Services  
15489 Laguna Canyon Road  
Irvine, California 92618  
(Mortgage)

Toyota Motor Credit Corp.  
5005 North River Boulevard NE  
Cedar Rapids, Iowa 52411  
(Auto Loan)

USAA Federal Savings Bank San Antonio  
P.O. Box 47504  
San Antonio, Texas 78265  
(Auto Loan)  
\*open account\*